

SOUTH AMERICAN CLIMBING TRIP RESERVATION FORM

Expedition: _____

Date Starting: _____

Route: _____

Date Ending: _____

Last Name: _____

First Name: _____

Birth date: _____

Address: _____

Street: _____

City: _____

State/ Province: _____

Postal Code: _____

Country: _____

Passport Number: _____

Nationality: _____

Telephone (home): _____

Telephone (work): _____

Fax: _____

Email Address: _____

Health Insurance: _____

Insurance Telephone: _____

Policy Number: _____

Insurance Fax: _____

PHYSICAL INFORMATION

Age: _____

Height: _____

Weight: _____

Blood Type: _____

Allergies: _____

Medications: _____

Special Diet Requirements: _____

Previous Mountain Experience: _____

Medical History: _____

Outdoors Experience: _____

EMERGENCY CONTACT

Last Name: _____

First Name: _____

Relationship to you: _____

Birth date: _____

Address

Street: _____

City State/ Province: _____

Postal Code: _____

Country: _____

Telephone (home): _____

Telephone (work): _____

Fax: _____

Email Address: _____

TRIP INSURANCE

We strongly encourage everyone to consider travel insurance. This insurance will help to protect you against many of the uncertainties of traveling, including; trip cancellation, baggage loss, land costs, and non-refundable airline tickets. We suggest you contact the companies below or your travel agent for more information.

Travel Guard Insurance 800-826-1300 (USA)
Insurance Quest 888-708-0812 (USA)

ASSUMPTION OF RISK RELEASE AND GUARANTEE

I am aware that the expedition with South American Climbing involves the following risk and danger: (a) Climbing/trekking in mountainous terrain (b) Accidents or illness in remote places which have minimal medical facilities (c) Travel by vehicle (d) Accidents caused by the forces of nature. If as a result of accident or illness I should be in need of medical evacuation by helicopter or other means, I guarantee to pay for all expenses. I agree to accept these risks on my own behalf and that of any members of my family accompanying me.

Signature _____

Date _____

Payment Information

Expedition Costs

Aconcagua via the Normal Route with Porters: 17 Day Program

\$2750 per person

Aconcagua via the Normal Route with Porters: 19 Day Program

\$2900 per person

Ameghino Valley/Upper Guanacos Traverse Expedition with Descent via the Normal Route with Porters

\$3150 per person

Aconcagua via the Polish Glacier Technical Route with Descent via the Normal Route with Porters

\$3950 per person

Aconcagua via the Guanacos Valley and Traverse

Route temporarily closed

Cerro Pissis with Porters

\$3950 per person

Deposit for all expeditions: \$1000.00

*All deposits are due three months before the expedition start date

*Full payment is due two months before the expedition start date

We also offer private expeditions.

Please contact us at info@southamericanclimbing.com to request an estimate for your customized expedition. We can also customize all expeditions to include less or more services. Please e-mail us and state which services you would like and we will e-mail you a revised rate.

TRIP CANCELLATION POLICY

Reservations cancelled within one month of the expedition start date will receive no refund. Reservations cancelled within two months of the expedition start date will receive a 50% refund. Reservations cancelled more than three months prior to start date will receive a full refund.

PAYMENT METHODS

- Send check/money order to the address below
- Send as direct deposit (information below)
- South American Climbing accepts Visa and Mastercard using PayPal's Secure Processing Center. Please note, there are additional fees added to the expedition when

using a credit card. To pay with a credit card, visit:
<http://southamericanclimbing.com/creditcardreservations.html>

Personal Check/Money Order:

Please mail personal checks and money orders to:
South American Climbing
P.O. MXY #1
GlennAllen, Alaska
99588

Direct Deposit Bank Information:

Domestic Wires

Please add \$12.00 to cover wire fees
Company Name: South American Climbing
Router Number: 011500120
Account Number: 16873696
Clearing Swift Code: CTZIUS33

Bank Address:

Citizens Bank
1 Citizens Dr.
Riverside, R.I. 02915, USA
Telephone: 800.922.9999

International Wires

Please add \$10.00 to cover wire fees
Company Name: South American Climbing
Router: 011500120
Account: 16873696
Swift Code: CTZIUS33
Address: Same as above